

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/ 575 781

## CLAIMS AS FILED - PART I

|   | (Column 1)      | (Column 2) |
|---|-----------------|------------|
| U.S. NATIONAL STAGE FEES                                  |                 |            |
| BASIC FEE   |                 |            |
| EXAMINATION FEE   |                 |            |
| SEARCH FEE  |                 |            |
| FEE FOR EXTRA SPEC. PGS.                                  | minus 100 =     | / 50 =     |
| TOTAL CHARGEABLE CLAIMS                                   | 14 minus 20 = * |            |
| INDEPENDENT CLAIMS  | 4 minus 3 = *   | 1          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |            |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE       | FEE |
|------------|-----|
| BASIC FEE  |     |
| EXAM. FEE  |     |
| SEARCH FEE |     |
| X \$ 125 = |     |
| X \$ 25 =  |     |
| X \$ 100 = |     |
| + \$ 180 = |     |
| TOTAL      |     |

OR

| RATE       | FEE  |
|------------|------|
| BASIC FEE  | 300  |
| EXAM. FEE  | 200  |
| SEARCH FEE | 400  |
| X \$ 250 = |      |
| X \$ 50 =  |      |
| X \$ 200 = | 200  |
| + \$ 360 = |      |
| TOTAL      | 1100 |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 14                             | Minus ** 20                        | =             |
| Independent   | * 4                              | Minus *** 4                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.